

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-015409

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

2210

STATE FILE NUMBER

FILED MAY 7 1962

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

Kansas City

Length of stay in 1b

9 days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION VA Hospital, K. C. Mo.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY

OR

TOWN

Independence,

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

3118 Scott

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

KENTON

Middle

DELOSE

Last

PIERCE

4. DATE
OF
DEATH

Month

April

Day

20

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-19-16

9. AGE (last birthday)

46 45

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Pipe fitter

10b. KIND OF BUSINESS OR INDUSTRY

Steel

11. BIRTHPLACE (City and state or country)

Portland, Oregon

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Alfred Pierce

13b. MOTHER'S MAIDEN NAME

Frances Carnes

14. NAME OF HUSBAND OR WIFE

Manola Pierce

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WW II

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

VA Hospital Official Records, K. C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Macropurulent bronchitis

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Bronchogenic carcinoma with diffuse mediastinal
infiltration with superior vena cava obstruction

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐☐☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

VA

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from April 11, 1962 to April 20, 1962

Death occurred at

9:40

a.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

S. H. CHOY M.D.

22b. ADDRESS

VA Hospital, K. C. Mo.

22c. DATE SIGNED

4-20-62

22b. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

4-23-62

23c. NAME OF CEMETERY OR CREMATORY

MOUND GROVE CEMETERY

23d. LOCATION (City, town, or county)

INDEPENDENCE, MISSOURI

(State)

24. FUNERAL DIRECTOR

ADDRESS

GEO. C. CARSON & SONS, INDEPENDENCE, MO.

25. DATE RECD. BY LOCAL REG.

4-21-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marshall C. Blackwell

Licensed Embalmer No. 4713

P. O. Address Raytown, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.